Atty. Dkt. No. DALHO1290-1 (028614-1102)

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facalmile transmitted to the United States Patent and Trademark

Stephen E. Reiter

(Printed Name)

(Signature)

July 22, 2003 (Date of Deposit)

Office, Alexandria, Virginia on the date below.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Sawynok et al.

Title:

**ANTIDEPRESSANT** 

COMPOSITIONS USEFUL FOR

LOCAL ANALGESIA (as

amended)

Appl. No.:

09/700,625

Filing

02/01/2001

Date:

Examiner:

T. Ware

Art Unit:

1615

## **AMENDMENT TRANSMITTAL**

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Applicants claim Small Entity Status. 37 C.F.R. 1.27.
- [ ] Small Entity statement is enclosed.
- [ X ] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	26	X	71	=	0	×	\$18.00	=	\$0.00
Independents:	6	X	6	-	0	×	\$84.00	-	\$0.00
First presentation of any Multiple Dependent Claims: + \$280						\$280.00	=	\$0.00	
					CI	AIMS	FEE TOTAL:	=	\$0.00

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[ ]	Extension for response filed within the first month:	\$110.00	\$0.00
[]	Extension for response filed within the second month:	\$410.00	\$0.00
	Extension for response filed within the third month;	• \$930.00	\$0.00
<b>(</b> ]	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
	EXTENSION	N FEE TOTAL:	\$0.00
[ ]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	<b>\$55:00</b>	\$0.00
	CLAIMS, EXTENSION AND DISCLAIME	R FEE TOTAL:	\$0.00
[ X ]	Small Entity Fees Apply (subtract	½ of above):	\$0.00
		TOTAL FEE:	\$0.00

- A check in the amount of \$\_\_\_\_\_ is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

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Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Stephen E. Reiter

Attorney for Applicant Registration No. 31,192

Date: July 22, 2003

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